DEVI SIDDHARTHA) : (a) The details of incentives/disincentives being given under the Family Welfare Programme are provided at attached statement. *[See* below]

(b) To impart a new dynamism to the Family Welfare Programme, an Action Plan evolved by the Ministry of Health and Family Welfare has been accepted by all State Ministers of Health and Family Welfare.;The need for evolving a national sonsensus in support of the Family Welfare Programme and to obtain the willing participation of all sections of the society has been recognised. The Action Plan has to be operationalised by the State Governments. It key features include, (1) improving the quality and outreach of family welfare services, (2) differential strategy for special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as per the 1981 Census), (3) developing a mechanism to make available founds to States/UTs on the basis of reduction of actual birth rate, (4) increasing the coverage of younger age couples through vigorous promotion of spacing methods, (5) introducing new contraceptives and improving the quality of contraceptives, (6) strengthening family welfare scheme in urban areas especially in stum pockets, (7) revitalising training activities of medical /para-medtcal peisoa-nel with emphasis on motivational and counselling aspects, (8) sustaining the good-work done under the Universal Immunization Proerarnme and strengthning of other interventions for Maternal and Child Health Care (9) reorientation of information, education and communication efforts to focus on the aualitv of life issues and inter-nersonal communication, (10) in-volvine voluntary and non-eovermemal organisations' in a big way to oromote active community participation in the programme, (11) searins up of the implementation machinery in the States/UTs and (12) evolvine hieh level inter-sectoral coordination Mechanism at the national state and district levels etc

Statement

Existing Incentives/Disincentive under the Family Welfare Programme

(a) *Incentives for the Central Government Employees* : Central Government employees who undergo sterilisation with three or less number of children are eligible for the following incentives :

(1) A special increment in the form of personal pay not to be absorbed in future increases of pay;

(2) Reduction of half per cent on the rate of interest on house building advance.

(3) Special casual leave upto seven days in respect of male employees and upto fourteen days in respect of female employees.

As regards disincentives for Government servants, maternity leave is not available for the birth of the third or subsequent child.

These incentives/disincentives are also available for employees of public sector undertakings. Many State Governments and UT Administrations have also introduced similar scheme for their own employees,

(b) *Incentives/Disincentives for General public :* As far as the Central Government is concerned, compensation for loss of wages for sterilisation/IUD insertion is given to the acceptors. States/UTs are paid Rs. 200/- per tubectomy, Rs. 180/-per vasectomy and Rs. 12/- for IUD insertion in each case. Out of these 100/- for sterilisation and Rs. 9/- for IUD insertion is passed on to the acceptors.

(c) Some State Governments have introduced incentive schemes like (i) Green Card Scheme (ii) Lottery Scheme and (iii) Long term maturity bond scheme.

(i) Under the Green Card Scheme acceptors of sterilisation having upto two children are issued Green Cards which entitle them for preferential treatment for sanc tion of loans, grant of subsidies house allotment, medical benefits, education facilities for children etc.

(ii) Under the Lottery Scheme acceptors of sterilisation having Upto two children are entitled to participate in lotteries with a monetary prize from time to time.

(iii) Under the Social Security Certificate Scheme, acceptors of sterilisation after one or more girl children get a lump-sum amount after a number of years. This is a social security measure encouraging Family Planning and acceptance of girl child. This scheme has been introduced in States like Maharashtra, Gujarat, Himachal Pradesh, Rajasthan and Tamil Nadu. The funds for the purpose are being provided by the respective State Governments.

Target for Sterilisation Operations dining Eighth Five Year Plan in Madhya Pradesh

2437. SHRI SURESH PACHOURI :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have set up any targets for sterilisation operations for family planning during the Eighth Plan in Madhya Pradesh;

(b) if so, what are the details thereof and how much funds have been earmarked for this purpose;

(c) whether Government have fixed these targets on year to year basis;

(d) if so, what are the details thereof and what is the target for the current year;

(e) *to* what extent the yearly target has so far been achieved by different headquarters in the Madhya Pradesh; and

(f) what steps Government propose to take to achieve the operation targets of family planning in Madhya Pradesh?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) tp (e) State targets for sterilisation are proposed by the State Government. Allocations are made on a year to year basis. During 1992-93, the annual target for Madhya Pradesh is 4,00,000 Sterilisation operations. An allocation of Rs. 4780.72 lakhs has been made to Madhya Pradesh during ; 992-93 for the Family Welfare Programme which also includes compensation monej of Rs. 685.86 lakhs to be paid to Sterilisation and IUD Insertions cases. A tota of 77,488 Sterilisation (provisional) have been performed during 1992-93 (upto October, 1992) in the State of Madhya Pradesh, showing achievement of 19.4% of the annual targets.

(f) Necessary support is being provided to the State Government to improve the skills of the existing medical and paramedical functionaries through basic and in-service training and also for strengthening of the rural health institutions for improving the overall delivery of family welfare services.

Treatment of depression among early school going children

2438. SHRI SURESH PACHOURI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a good number of children are treated for depression caused by early schooling at the All India Institute of Medical Sciences, New Delhi every year;

(b) if so, what are the details of children treated for depression at the Institute during the last three years;

(c) whether Government * have studied the negative effect of early schooling on the health of children particularly the children who are below the age of five years;

(d) if so, what are the details thereof;

(e) whether Government propose to impose or recommend a ban on early schooling of children below the age of fihre years;

(f) if not, the reasons therefor; and

(g) how Government propose to re move and prevent depression among the toddlers in the country ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA) : (a) No, Sif.

(b) Does not aries in view of reply at (a) above.

(c) This Ministry has not conducted any study into the prevalence of such negative effects.